

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of Hayden

or

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 165

County Registrar No. _____

Local Registrar No. 30No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Yreina Fernandez { If child is not yet named, make supplemental report, as directed.3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. 4 6. Legitimate? yes 7. Date of birth Apr 30, 1928
Month Day Year8. FATHER Full name Yreina Fernandez 14. MOTHER Full maiden name Francisco Moreno9. Residence (Usual place of abode) Hayden 15. Residence (Usual place of abode) Hayden
If non-resident, give place and state. If non-resident, give place and state.10. Color or race Mexican 11. Age at last birthday 27 (Years) 16. Color or race Mexican 17. Age at last birthday 22 (Years)12. Birthplace (city or place) Asarco (State or country) Sonora, Mex 18. Birthplace (city or place) El Paso (State or country) Texas13. Occupation Copper Casting Nature of industry Machine Suetter 19. Occupation Housewife Nature of industry20. Number of children of this mother { (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? no
(Taken as of time of birth of child herein certified and including this child.)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 12:00 A m. on the date above stated
(Born alive or stillborn.)* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Yreina Fernandez (Physician or midwife)
Address Hayden, ArizGiven name added from a supplemental report _____ Filed May 4, 1928 W. D. Dush Local Registrar.
Month, day, year

Registrar

Filed _____, 19____

County Registrar.

869-430-644